

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Mia Bonta for Assembly 2021			<b>Date of This Filing</b> 05/17/2021	Date Stamp      Page 1 of 4	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)285-5733	<b>I.D. NUMBER</b> (if applicable) 1437973		<b>Report No.</b> 121128-VD		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95815	<b>No. of Pages</b> 4		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/15/2021	American Association of Chinese Medicine and Accupuncture PAC San Francisco, CA 94108  ID# 970546	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
05/15/2021	Tito Andrada Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$1,000.00
05/15/2021	Leirion Gaylor Baird Lincoln, NE 68502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor City of Lincoln, Nebraska	\$1,000.00

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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05/14/2021	California Metals Coalition PAC El Dorado Hills, CA 95762  ID# 1264568	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00
05/14/2021	Holden for Assembly 2022 Los Angeles, CA 90017  ID# 1435690	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00
05/14/2021	Local Societies of the California Optometric Association PAC (LSCOA-PAC) Sacramento, CA 95814  ID# 950393	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,900.00

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<b>STREET ADDRESS</b>  					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95815	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> <u>4</u>		

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05/15/2021	The Bicycle Hotel and Casino Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,900.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: